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FEC FORM 1	STATEMENT OF ORGANIZATION											l
									Office U	Jse Only		
NAME OF COMMITTEE (in	full)		Check if name changed)		mple:If typ r the lines.	ing, type	12F	E4M5				
Friends of	Lois C	apps										
		P.O. Box	23940									
ADDRESS (number and street)		1.0.00										
(Check if ac												
is changed)		Santa Ba	arbara				CA		93121		- L	
				CITY			STATE			ZIP CC	DDE	
COMMITTEE'S E-MA	IL ADDRES		-		ldress)							
(Chook if	addraga	lois@ca	ppsforcongres	ss.com								
(Check if address is changed)												
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)									
(Check if												
is changed)												
2. DATE 04	M / D 12) / Y	2012									
3. FEC IDENTIFIC	CATION NU	MBER	C	C003313	39							
4. IS THIS STATEM	MENT X	NEW	(N) OI	R [AME	NDED (A)						
I certify that I have e	examined thi	s Stateme	nt and to the	best of my	knowledge	and belief	it is true,	correct	and con	nplete.		
Type or Print Name	of Treasurer	Chris Re	eed									
Signature of Treasure	Chris Re	ed			[Electronic	cally Filed]	Date	04	/ D	12)12
NOTE: Submission of			omplete informa						the pena	alties of 2	2 U.S.C.	§437g.
Office					For further	information	contact:		FE	C FO	 RM 1	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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